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A JOURNAL RN FOR NURSES

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Debits AND CREDITS

LEGAL NAME

Dear Editor:

I think steps should be taken to legalize the name of nurse so that only those qualified to use the title may do so. The public doesn't seem able to distinguish between a nurse and a practical nurse. That word "practical" doesn't seem to mean a thing. Popular opinion holds both groups are nurses. Consumers consider not the professional qualifications of both, but the fact that the p.n. is willing to do housework and the R.N. is not.

At present I am on a cardiac case with edema. The patient cannot be left alone. She had practical nurses and while the one on duty was fixing breakfast, the patient fell out of bed and fractured her leg. Later, registered nurses were called because the patient had to be in an oxygen tent at intervals.

When I came on duty I was asked by the housekeeper whether I would do the laundry and cooking. "That's odd," was the reply to my emphatic "no." "The last nurse did."

Apparently many families consider household duties equally important as professional nursing care. They engage p.n.'s because they are willing to scrub and clean and cook. Meanwhile, the R.N. is called "uncooperative."

When are we going to reclassify our titles and avoid this confusion?

K. Rottger, R.N.
Royal Oak, Mich.

TOLERANCE

Dear Editor:

It seems to me that many of our registered nurses are assuming an attitude that borders on intolerance. Can we not live and let live? How much better it is to prove our worth by our work than by snubbing the practical nurse.

Any patient who has had nursing care can soon recognize a good nurse . . . There are many instances of a registered nurse being called to a home and a practical nurse's service being dispensed with. In the home it is usually the patient who tells the doctor whether he can afford to pay for a registered nurse. If he can't, and a p.n. is employed, the patient isn't going to be fooled by inefficient service. It is always efficiency that stands the test, not a cap or a uniform.

Women who work in canning factories wear white uniforms and caps. Let the practical nurse do likewise. Surely anyone can wear a white uniform and cap if she wants to. Why discriminate against the p.n.?

The R.N. has her own place, and she can prove her worth by filling it diligently.

R.N., Sodus, N.Y.

ROXANN'S FANS

Dear Editor:

I haven't read anything but "Debits & Credits" so far in your current issue. You see I start on the first page and go right on through. But I just had to stop immediately to write and ask you to be sure nothing happens to change Roxie.

She is a real pal! Reading about her difficulties makes my own easier to bear and helps me to see the funny side of nursing. I'm sure most nurses agree that Roxann is sympathetic, understanding, and long-suffering. She has a grand sense of humor and I hope you won't let a few cigarette ashes come between us!

R.N., Rochester, N.Y.

Dear Editor:

Feel I must protest Anna M. Berle's attack on Roxann in your September issue. Miss Berle must certainly lack a sense of humor not to thoroughly enjoy those human, laughable articles written by lovable Roxann.

Berniece Crittenden, R.N.
Bremen, Ind.

Dear Editor:

To think that Roxann could be misunderstood! At first I was amazed; now I am indignant.

Roxann receives first attention when we

girls get our journals. Through her wit and clever sense of humor, we are made to feel bright and modern . . . Why, after reading her articles, I am so keyed up that I finish my journal with a complete sense of satisfaction.

Please roll up the votes for Roxann. Long may she write!

M. Schelhorn, R.N.
Evansville, Ind.

OFFICE HOURS

Dear Editor:

I have been an office nurse for the past year and find the work more interesting than general duty. However, the hours are very long and the wages little better than the average staff nurse's income. The difference, certainly, does not compensate for the difference in hours.

How are other nurses making out in this field? Can't we have a discussion of mutual problems in this department?

R.N., Bloomfield, Ia.

[R.N. *will be glad to publish letters discussing office nursing. Let's hear from other nurses in this field!*—THE EDITORS]

FORTY

Dear Editor:

Regarding what nurses past forty are doing, I (for one) am quite happy in a new line of work after many years of private duty. As registrar for our Fifth District Nurses' Official Registry, I find the time flies while on duty. The work is not too heavy and the problems of a growing nurses' association make an interesting and far from monotonous occupation.

Many districts should sponsor their own registries. Now that the ANA has so much data on registries it is a simple matter to obtain information about starting one. There are less than 150 of these official bureaus in the United States.

Margaret Walker, R.N.
Miami, Fla.

Dear Editor:

Nurses over forty need not feel they are passé if they have kept up with modern methods of nursing and have at least moderately good health. Too often the older nurse has failed to keep herself neat and attractive. Sometimes she gets herself disliked by drawing unpleasant comparisons, making irritating references to "the way *we* did it," instead of adopting the modern way. She must combine new knowledge with old experience to keep up with the younger nurse, if not a jump ahead of her.

When I started private-duty nursing thirty years ago, after several years of institutional work, we did twenty-four-hour duty, then twelve. Now the eight-hour day seems really like "living," as one nurse expressed it. I am sixty years old (my friends say I don't look it), and am still actively engaged in private duty. I attribute this long professional life to excellent health and the fact that I have never let myself slump in my work.

During the past year my cases have included several types of pneumonias, diabetics, T.B. patients, typhoids, cancers of liver, stomach, and sigmoid, tonsillectomies, cataract extractions, appendectomies, cholecystectomy, thyroidectomy, fracture cases, and burn cases. I have used most of the newer drugs, am familiar with the use of the oxygen tent, Wangensteen and

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transfusion sets. Occasionally I do a few days of general duty, just to keep my hand in.

R.N., Bridgeport, Conn.

Dear Editor:

Yes, I'm at the "life begins" stage, too—past forty and doing nicely in a most interesting type of professional work.

I have never been out of nursing very long since graduating in 1918. However, after taking up physiotherapy about six years ago, I began to specialize in colon therapy. Now I have my own service, handling cases referred by physicians.

Stella Hyde, R.N.
Oakland, Calif.

RESPONSIBILITY

Dear Editor:

The editorial, "What It Takes," [R.N., August] is worth repeating in every issue. It is essential, these fast-moving days, that every registered nurse be constantly reminded of her duty to herself and to her profession.

Irene V. Young, R.N.
Baltimore, Md.

CANNED FOODS IN THE MODERN PATTERN OF NUTRITION

● Generalities as to human nutritive requirements are of but limited use in the practical application of our modern knowledge of nutrition. This is particularly true where expert and experienced advice on diet formulation is not readily or conveniently available. For those concerned with actual diet planning or administration, more specific information on nutrition is desirable.

During recent years, several excellent texts have become available which present reliable guidance in diet planning (1, 2, 3). One important factor governing conformance with any diet pattern, of course, is the economic status of the individual, family, or group. A recent text presents a workable system in which rather full consideration has been given to this factor (1).

Under this pattern, the common foods have been classed according to their nutritive contributions into some 12 groups. These groups include milk; potatoes and sweet potatoes; mature dry legumes and nuts; tomatoes and citrus fruits; leafy green and yellow vegetables; other vegetables and fruits; eggs; lean meat, poultry, and fish; flour and cereals; butter; other fats; and sugar. There will, of course, be quantitative differences in the nutritive values of individual foods within a single group. However, there is sufficient similarity so that the foods within a group can be used interchangeably as conditioned by factors such as availability, relative costs, and personal, racial, or religious preferences. In order to minimize variation of nutritive values obtained from each food group, it has been suggested that as wide a variety of foods within a group, as practical, be consumed.

In connection with this diet plan, desirable yearly food allotments for persons of various sex, age, or conditions of life are also listed in terms of these twelve food groups. Thus, from information regarding the sex, age, and activities of the members of a family or group, one can compute the yearly amounts of the various foods which should be provided. From the sum of these yearly totals, the food allowances per week or month for the family or group can be estimated. The latitude in the choice of foods, within the twelve specified food groups, makes the diet pattern more adaptable to situations where the economic factor must be considered.

Estimation of food requirements in this manner provides a practical method of diet planning designed to supply the nutritive requirements of an individual, a family, a group, or even a nation. However, the ultimate achievement of an improved nutritional status is dependent upon a readily available supply (at all times) of the various common foods at reasonable cost. It is apparent from the listing of the twelve food groups that many materials of a perishable nature—which are not conducive to year-round production near the centers of large populations—are indispensable in supplying the dietary requirements of our people. Thus, the transportation and storage of foods, in such a manner as to retain nutritive values, are important problems to be considered.

Needless to state, commercially canned foods are well adapted for use in this diet plan. Commercial canneries are located near the sites of abundant supply of freshly harvested foods. The canning processes convert the perishable foods into nutritious canned foods which can be economically transported and marketed throughout the year. Hence, the canning industry plays an important role in the practical aspects of diet planning to improve the nutritional status of the American people.

AMERICAN CAN COMPANY, 230 Park Avenue, New York, N. Y.

REFERENCES

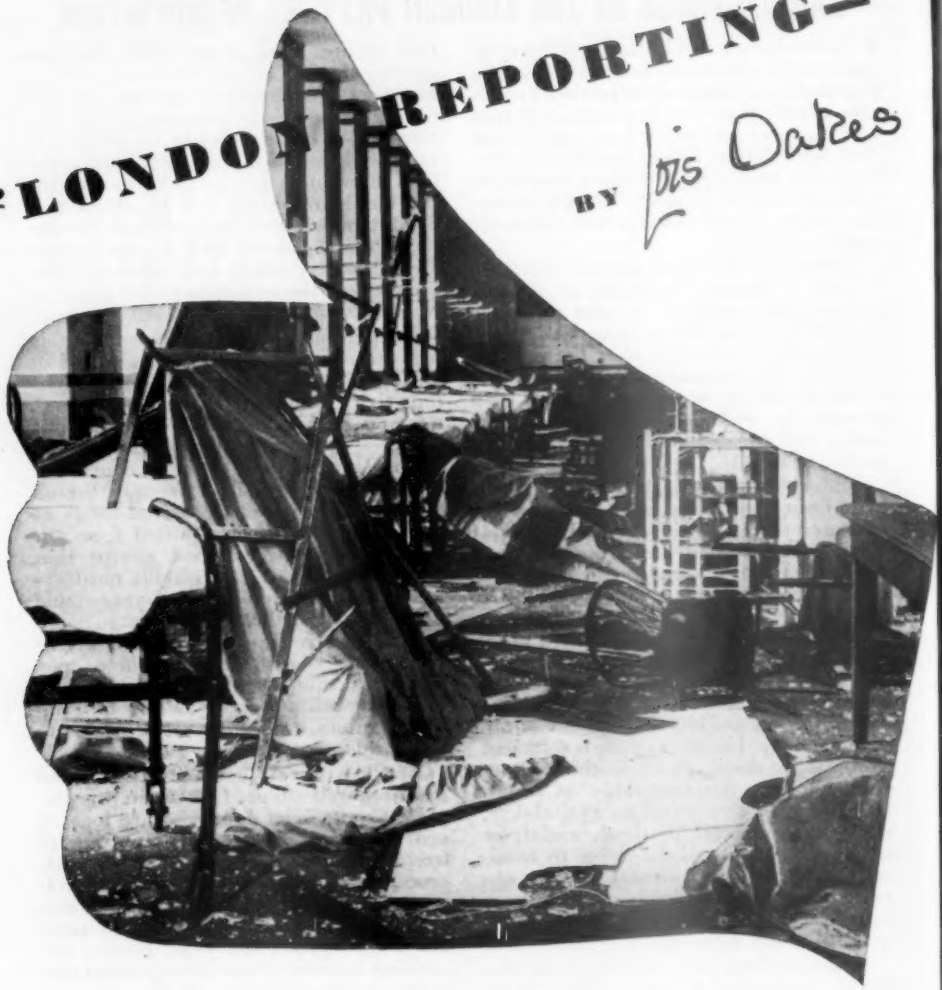
1. 1939. Food and Life; Yearbook of Agriculture, U. S. Dept. of Agriculture, U. S. Govt. Printing Office, Washington, D. C.
2. 1939. Accepted Foods and Their Nutritional Significance, Council on Foods of the American Medical Association, Chicago.
3. 1940. J. A. M. A. 114, 548.

We want to make this series valuable to you, so we ask your help. Will you tell us on a post card addressed to the American Can Company, New York, N. Y., what phases of canned-foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles. This is the sixty-sixth in a series which summarizes, for your convenience, the conclusions about canned foods reached by authorities in nutritional research.

The Seal of Acceptance denotes that the statements in this advertisement are acceptable to the Council on Foods of the American Medical Association.

"LONDON REPORTING—"

BY Lois Oakes



[*Last September,* R.N. *asked the editor of London's Nursing Illustrated, a weekly magazine, to send along a message—if she could—for* R.N. *readers. Here it is, filled with inspiration for every American nurse. This is the first article of its kind to come through the battle of London, uncensored and ready for publication. Before Miss Oakes had taken the last sheet of copy paper out of her typewriter a siren began to shriek. "An air-raid warning has just sounded," she wrote, "so I must bring this letter to a close . . ."*—THE EDITORS]

● I feel sure that the nurses of America must be thinking and talking a great deal about us in the hazardous days through which we are passing. We deeply appreciate the sympathy extended to us and are intensely grateful for the practical way in which this is being shown.

We are not to be pitied, however, because we are glad to bear our share in

Britain's battle—even though this may involve, as it so often does, great suffering, hardship, and even death. You will realize how near this danger comes to all of us when I tell you that I am writing this in my office which has had its ceiling cracked and windows and glass paneling smashed by a blast from a bomb which fell on a nearby building.

Every normal person experiences the emotion of fear when exposed to great danger, and being very normal we confess freely that our pulse-rate misses a beat when we hear the whistling and crashing of bombs, and we heave a sigh of relief when imminent danger is past.

But in this time of distress we are proud and stimulated by the great heritage of achievement which is ours. The high traditions in nursing inculcated so strongly by Florence Nightingale are surely our mainstay, enabling us to preserve a strong sense of duty and a calm but cheery exterior. This is the way in which we as nurses can best play our part in winning the war.

It is an axiom among us, as indeed of our colleagues all over the world, that in all things the welfare of the patient must be our first consideration. This selfless ideal of service for others is a sure shield in helping our young nurses to stand up to the ordeal they are being asked to face and is a potent factor in overcoming fear.

As you know, there are few hospitals, particularly in the London area, which have not been bombed, some of them two or three times; some so badly damaged that they have had to be evacuated. This has inevitably meant that we grieve for the loss of medical and nursing colleagues who have truly laid down their lives for their patients. "No man hath greater love than this." The full tale of their heroism and endurance cannot, for reasons of safety, be told now; but we have daily proof that the spirit of Florence Nightingale is helping and inspiring us all.

Photos from British Combine

"Everyone is cheerful. We would all rather die than give in . . ." Even these new mothers, huddled in a bomb shelter, with their day-old babies on a shelf overhead.

The people of London are standing up to the air-raids in an amazing manner, and business is going on as usual. Indeed, I saw a bombed grocer's shop the other day. It had come right down, but one wall was left standing. Its two

British Combine Photo

"In all things the welfare of the patient comes first. This ideal helps our young nurses to stand up to the ordeal they are being asked to face . . ."

or three remaining shelves were stocked with goods and a notice said, "CARRYING ON." Another bombed shop had a notice, "COCKEYED BUT OPEN." So you see the famous Cockney humour is not squashed. Everyone is cheerful and making the best of inconveniences and we would all rather die than give in. The morale of the nation was never higher, and we thank God for so courageous a leader as Mr. Churchill. It is a curious thing how the hour always produces the right man . . .

The other day a fellow passenger traveling in the same bus began to talk. He had just left one of our most famous London hospitals which had been severely damaged. At the time the raid occurred, he was helpless, having just passed through a severe spinal operation. The courage of the nurses amazed him. He said they worked like Trojans, although some were so badly cut by glass that they would probably bear the scars all their lives. In spite of this they carried on with rescue work, comforting and cheering the patients in a manner truly magnificent . . . I felt that this stirring tribute was doubly sincere because the speaker had no idea I was a nurse.

It was once said that to live gloriously one must live dangerously. If this is so, then surely British nurses are living "gloriously." We know that we are bearing much and enduring greatly, so that all the things of greatest value in life shall be maintained. The things we are fighting to save are freedom of [*Continued on page* 38]

YOU *Can* COLLECT

When personal methods fail in collecting fees, how about retaining an attorney? Here is a second article discussing practical collection methods for private nurses.

BY HENRIETTA STREET, R.N.

• Remember the hundred dollars in fees you lost when old Mr. Morris died without family or will? And the sixty dollars still owed you by the James family who mysteriously left town before you were paid?

You didn't need to lose that money. Perhaps you can still collect it. Almost all fees are collectible in full, attorneys say, if you know how to go about it.

When your own collection attempts fail, don't write the amounts down to profit and loss. It's perfectly ethical to obtain legal aid. Professional nursing organizations, when they wish to handle complicated affairs quickly and efficiently, retain an attorney. That is exactly what you can do, when your personal business gets out of hand.

Here's the way a lawyer consultant looks at the private nurse's problem. "In the eyes of the law," he says, "the R.N. is an individual agent. She operates on a day-to-day basis, often with nothing but an oral agreement with the patient. Such conversational arrangements as have been made can be broken off at any time at the desire of either party. The registry, the doctor, the hospital, and any other persons who help the nurse to secure a case are not in any way responsible for payment of her fee. She is protected only insofar as she protects herself. Therefore, she's got to have expert advice."

Expert advice does not always involve court action. Legal men can often find ways of collecting your debts other than suing your patient. One leading Chicago attorney says that more than 50 per cent of the collection cases he handles are settled out of court. Expert advice simply means that you are supplied with knowledge of the proper steps to take and how to take them.

How do you go about getting an attorney, how much will it cost, and what will it accomplish?

In finding a lawyer, many people have to discard queer notions about the law which they have picked up from fiction or movie court trials. Don't be surprised to find that the average lawyer is an ordinary business man with specialized knowledge. He isn't going to resort to undignified or bizarre methods of collection. He follows a definite procedure, which he will explain to you beforehand in simple, understandable terms.

Like doctors, lawyers charge different fees, depending on their experience and location. If you are collecting $100, your attorney will probably charge $15. Fifteen per cent is the average fee on collections up to $500. If there are special difficulties in collection, the rate may be higher.

If a lawsuit is necessary, the attorney is entitled to receive in advance his actual expenses—which are generally $3.50 to $7.50. Should the case go to

court, you must pay $1 to $1.50 for serving a summons, $2 for filing the summons. After the court has declared that your patient must pay, there will be a bill of a few dollars for carrying out the judgment. Your total expenses may run about $35—but you will have recovered the bulk of the money due you.

When the lawyer is able to collect without court action, his fee is your only expense.

Most attorneys agree that they are glad to have clients consult them without charge before they take a case. Therefore, without any expense to yourself, you can go to a lawyer, explain your problem, and ask how much he would charge. If his opinion is that you have little chance of collecting, he will tell you so. Many lawyers work on a contingency basis: they are paid only if they succeed in collecting your money.

How much of your own time will collecting consume? If your attorney negotiates and collects without suit, you will not have to give any particular amount of time to the procedure. If the case goes to court, plan on spending a half day or a whole day when your testimony is needed. If there is a question about the rates you have charged, you may have to bring another nurse to testify that those rates were prevalent in your community at that time.

Lawyers cite examples to prove that you should never give up on a collection case without consulting an expert. Often those situations which seem most hopeless to you are the easiest to solve through legal procedures. Here is a case in point:

A registered nurse had worked for a doctor for a year and a half without pay. Then the physician died, leaving his wife as executrix to the will. The nurse felt that, in view of the doctor's satisfactory financial standing, she should have been paid. But she was sure it was a hopeless task to try to get her money. There was no written contract and the doctor's wife claimed that the nurse had been working only for her board.

The R.N. consulted an attorney who took the case to court. The court decreed that, although there was no contract, the doctor had intended to pay the nurse for her services. She was awarded $2,250 on the basis of $125 a month salary which, the court felt, was a just return for her services. That sum was well worth trying for, even if at the outset the case looked like a poor one!

Although your patient may be deceased, insane, or in another part of the country, you still have a chance to collect, legal advisers say. But the outlook is considerably brighter if you have evidence that you *have* rendered a specified amount of service and that the patient or his relatives do owe you a specific amount of money. The rest is routine.

To make sure that you are within your rights, legally, lawyers recommend that you follow these simple rules:

1. Always mention your fee when you go on a case. According to the law, when you go to care for a patient you make a contract with that patient or his family. Your job is to make sure they understand the terms on which you are being engaged. If you charge $8 a day for twelve-hour duty, see to it that some responsible person is aware of that fact. Many a nurse has lost part of her salary because fees in different locations vary and the family misunderstood.

2. Make all arrangements with a legally reliable person. Talk money matters, at all times, with the person who will pay you. Minors can make financial arrangements, but these can be voided in a court of law. If your patient is under 18, arrange fees with his parents. A wife's debts are chargeable to her husband; in this instance, your bills would go to him. Wives legally separated from their husbands are usual-

ly responsible for their own debts. Insane or unconscious persons are usually not held responsible for any arrangements they may make; fees should be handled through the nearest of kin.

3. Attempt to collect at the end of of each week. If the family is unable to pay, ask for some statement of the services rendered. In any legal action, the nurse must always present proof of care given and its monetary value. If you receive no money at the end of the first week, ask a responsible person for a written acknowledgment.

Such a statement may take two forms. It may be a contract (promise to pay), or a promissory note (evidence of debt). Either of these may be prepared in simple terms to avoid confusing or embarrassing the family. If, at the end of a week's work, Mary Richards, R.N. isn't paid, she may go to the brother-in-law of the patient (for instance), who assures her he will see that she gets her fee. Mary's cue is to ask him if he will sign for the fee. If he agrees, here is an example of a contract which he might be asked to sign:

March 12, 1940

In consideration of nursing services rendered to my sister-in-law, Adele Morrison, I promise to pay to Mary Richards, R.N., the sum of $8 a day for every day she attends the patient. The nurse's fee is to be paid at the end of each week of service.

(Signed)

If no relative is able, or willing, to pay at the end of each week, the following is a promissory note, showing indebtedness to the nurse:

March 12, 1940

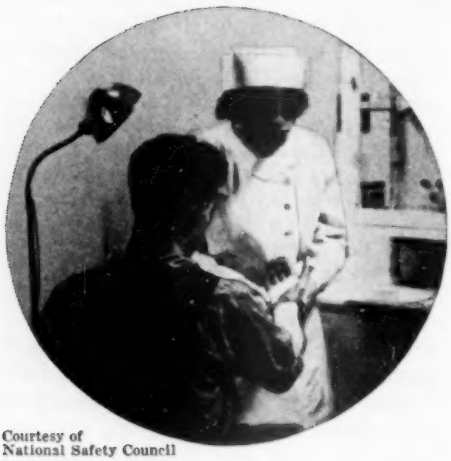
Thirty days after date, I (or we) promise to pay to the order of Mary Richards, R.N., 1500 S. Michigan Ave., Chicago, the sum of $100.

(Signed)

Under some [*Continued on page* 36]

PROBIE

"My, you have a rapid pulse."



Courtesy of
National Safety Council

INDUSTRY *opens up*

BY MONA HULL, R.N.

With preparedness expanding her field of action, the factory R.N. *looks forward to rapidly enlarging opportunities and responsibilities. This is the first installment of a new industrial series.*

• Millions for defense! Millions of dollars, thousands of planes, tanks, houses, overalls, and monkey wrenches. Millions of men working days, nights, and overtime. As Uncle Sam turns blueprints into battleships and air forces, industry swells and expands almost over night. And industry's boom means a boom in industrial nursing. Already new opportunities are opening up for nurses qualified to enter this field of service. [See "Industry Offers You a Career," R.N., October 1938.]

Gone are the days when the industrial nurse dressed a finger, served a gargle, dispensed some aspirin, and called her job complete. Today, and beyond the duration, she is and will be the key figure in a vast health program to protect the lives of workers and to keep the wheels of industry turning.

"Every ship, every tank, every plane becomes a crumpled gutted coffin without industry behind it supplying the fuel, replacing the breaks, providing the power. . ." that is the picture drawn by Dr. Donald M. Shafer of the health division of the National Association of Manufacturers. "Industry can do this only so long as its man-power is capable of doing its job efficiently. Thus, the industrial nurse has today a greater challenge and duty than ever before."

Even before the preparedness movement got under way, the sphere of influence of the industrial nurse was beginning to expand—making industrial nursing one of the most satisfying and lucrative specialties in the nursing field. With thirty million Americans employed in industry, 62 per cent of them in plants of less than 500 workers, thousands of industrial nurses were employed to man hospitals and first-aid rooms on hospital grounds, to follow up treatments with home visits, to keep health records on every industrial employee.

Fox from Glob

Fox from Globe

Then came preparedness. Plants like Curtiss-Wright, Crucible Steel, and Pratt & Whitney doubled and tripled their working hours. The call went out for health protection for the workers. They couldn't be replaced, like machinery, if they broke down.

Doctors say this industrial expansion has opened up an entirely new health field—new problems to be met, new hazards to be studied. "The present national preparedness program will be to industrial hygiene in the United States what the World War was to the greater stimulation of the field of social hygiene," according to Dr. Leverett Bristol of the AMA Council on Public Health. Employers, too, recognize the new health-in-industry expansion as they join in nation-wide conferences to help keep workers well.

Here then is a line of civilian defense in which nurses may serve—if not in equal numbers, at least with importance equal to that of those drafted into army and navy service.

Is it logical for nurses to become the keystone in the industrial health program? Authorities agree it is. Even more than the doctor or the health engineer, the industrial nurse links worker and employer, relates man to his machine, connects personnel and their families with work and its factories. Small plants, which are in the overwhelming majority, employ full-time nurses, often as the sole health officer. In two-thirds of 300 establishments recently surveyed by the National Industrial Conference Board, full-time nurses were employed for health service.

Ever since the Vermont Marble Company hired the first American industrial nurse in 1895, the trend of industry to protect workers' health has been steady. The 1930 census showed 3,189 nurses in industrial posts, and it is believed that the 1940 figures (to be released in 1942) will show a healthy increase over the number now employed. Compensation laws and the 1938 vene-

real-disease control act have made health measures in industry a necessity rather than a luxury. Now thirty-two States and innumerable cities make industrial health problems their business, help the employer to extend his work.

In all this vast range of industrial health programs, the R.N. is the central figure. "It is the nurse in the plant [who] tends to become the key to the permanent success of the [health] service, even more than the physician," states Dr. Glenn S. Everts, Philadelphia industrial physician. "She must assume not only nursing duties but administrative duties as well."

Although industrial nursing has already leaped from routine first-aid treatments to the broader fields of plant safety and good personnel relations, further expansion is seen by experts who are currently studying the industrial health set-up. Here are a few of the assignments which progressive plants will be turning over to industrial nurses:

PRE-EMPLOYMENT EXAMINATIONS: Even small plants will undoubtedly add this type of service. In larger organizations, where examinations are already under way, the nurse's aid to examining physicians will increase. Industrial hygienists say this is one of the first requisites of a sound health program.

PERIODIC HEALTH EXAMINATIONS. Usually handled by industrial physicians, the nurse's responsibility here will be to arrange for their completion, to plan further health measures on the basis of results.

CORRECTION OF PHYSICAL DISABILITIES. The near-sighted, the deaf, the slightly crippled can contribute to industry's plans only if their limitations are known and taken into account in the allocation of work. Here the R.N. will segregate and supervise such workers with the help of the management.

SPECIAL DISEASE CONTROL. Tuberculosis and the venereal diseases cost workers many days of lost pay. With the nurse on a follow-up program, such illnesses can be cut to a minimum. The incidence of diabetes can be watched, special safeguards thrown around these workers. More time for follow-ups—possibly special nurses employed just for this purpose—will be part of the industrial-health program.

OBSERVATION OF GENERAL ILLNESS. To the factory nurse goes the responsibility of watching for such common conditions as pregnancy, anemia, communicable diseases. This work will take an even more important place under the defense set-up.

OCCUPATIONAL DISEASE PREVENTION. More is known today than ever before about industry's hazards—about dusts, poisons, and gases that hamper the worker, endanger his working hours. This job in its experimental aspects is the work of the safety engineer. In its application to the worker, it will be the job of the factory nurse.

ACCIDENT PREVENTION. Safety is an old story to health workers in industry, but it is rapidly developing new angles. Problems in fatigue, noise, and special strains will now fall right into the lap of the nurse. There are up-to-the-minute teaching plans, too, which she will be asked to use as needed.

CHRONICS AND OLDER PEOPLE. Two years ago, General Motors Corporation discovered that 40 per cent of its employees were over forty years of age. With more and more young men being drafted, the older-age group will become a problem in industry. Diseases of a chronic nature—heart disease, arthritis, and gastric disorders, for instance—will confront the nurse.

GENERAL HYGIENE. Here the nurse's authority may mean sickness or health to men working overtime under strained conditions. She will supervise nutrition in cafeterias, advise recreational rest periods, start mental hygiene programs. A far cry from the iodine bottle and

[*Continued on page* 38]

BY ROXANN

• Every so often we look at the bulletin board and shudder—there's another "army" invitation on it. What's an army invitation? It's a gentle little note, requesting the pleasure of your company at a certain social event, usually given by one of the powers-that-be of the hospital, and with it the innocent-looking command by the superintendent: "I hope it will be possible for every member of the staff to attend."

That means, of course, every member of the nursing staff. Seldom does the medical staff get roped in—er, seldom are they invited—to these affairs. In fact, the host is usually the only man present.

After one of these non-coeducational binges I sometimes wonder if nurses are supposed to know about the birds and bees and flowers, or whether we should follow old Bill Shakespeare's advice and go buckity-buckity to a nunnery.

The sad part of it is that the party-givers have the best intentions in the world. They really want us to have a good time—and we do, up to a certain point.

There was, for instance, Dr. Smith-Jones' annual spree last Spring. Dr. Smith-Jones has a little place—about the size of fifty Smith-Jones appendectomies, I should judge—down in the country. The moment the first robin

"The president was trying to prove what a good sport he is by cooking the hamburgers . . ."

makes a footprint on the lawn, the good doctor decides that we nurses should get some of the carbon-monoxide out of our lungs and some real oxygen in its place.

Came the great day. The night nurses came on duty early, and we trekked out to the Smith-Jones manor, arriving in the late afternoon. Mrs. Smith-Jones, who hopes that everybody has forgotten that she was in third-year training and not the Social Register when she married the doctor, was giving an imitation of the dowager Mrs. Astor and acting the gracious hostess.

"Do come and see the garden—it's simply beautiful," she urged. Dr. Smith-Jones, making sure that he had the two prettiest nurses on either side of him, echoes the invitation, and away we go. I'm one of those gals that is stumped when the conversation gets beyond roses and chrysanthemums, but our hosts seemed to be on first-name terms with all their flowering pets.

About this time, Helen, another city slicker like myself, murmured in my ear, "Look at the gorgeous rows of panegyrics and those beds of flowering hemostats. And my deah, have you seen those tiny pneumothoraces over there, pushing their tender shoots out of the good earth? Ah, I thought not. And what about *this* shy little tendril?" She stooped and picked it, and with her best wide-eyed air said to Dr. Smith-Jones, "What did you say this was, Doctor?"

Dr. Smith-Jones took one look and grabbed Helen by the arm. "It's poison ivy! You'll have to scrub your arms and hands with laundry soap immediately!" And off they went.

The rest of us headed for the outdoor fireplace and dinner. Dinner was —you guessed it—hot dogs. Well, they were good enough for the King and Queen of England when they dropped in on the Roosevelts, so I guess they should be good enough for us—even

if we do eat 'em every night at the hot dog stand around the corner from the hospital. But oh, my, what I could have done to a two-inch steak at that moment! And all the time I was tamping down the hot dogs with some ice cream and cake I was star-gazing and wondering if the current Man in My Life was out dancing with that red-headed special from E3 because I said I couldn't go . . .

We remembered that party for weeks.

"Yessir" to requests for food, etc., and life would be nearly perfect.

But what happened was that thirty females swarmed aboard. The high-heel wearers—and you can't escape them—got deservedly dirty looks from the crew. It was a windy day, and Marion Watkins turned slightly green—but not so green that she didn't see one of the crew suppressing a grin. "I hope I get him as a patient some time," she said. "I'll see that the thermometer tastes of

"We didn't mind the indigestion so much, but oh! the mosquito bites!"

We didn't mind the indigestion so much, but we were lumpy with mosquito and gnat bites, there were three burned fingers, two knife wounds, and innumerable hosiery casualties. Ah, for the great open spaces!

We had just about recovered when the president of the board threw a boat ride for us. Now, a boat ride could be a thing of joy, especially in the president's nice little 80-foot number. All you need to do is take about a dozen congenial he's and she's, put them in comfortable chairs under an awning with cooling drinks in their hands, station a crew member nearby to say antiseptic, I won't hear his bell, and the hypo needles will be as dull as this party."

The moon was making a path across the water when we started back and somebody began to sing, "By the light of the silvery moon," and a couple of other moon songs. It sounded pretty silly, with an all-girl cast.

Meanwhile the president was trying to prove what a good sport he is by cooking the hamburgers downstairs in a silly little kitchen—or should I say "below in the galley." Well, the results were the same—a hamburger is still a hamburger. [*Continued on page* 39]

RN

LOOKING AHEAD

• As this year ends, all nurses will want to look ahead to 1941 and the new health problems which may arise as a result of the European war situation.

Conditions abroad are bound to affect health in this country. As Mrs. Hull points out in her article in this issue (see page 14), increased industrial production has already focused new medical attention on the physical fitness of the worker. Stepped-up production will involve new hazards to be watched and overcome. Nursing opportunities in this field are on the increase.

The army and navy and other government services enlisting recruits in large numbers, create a whole new series of health needs to be met. Thousands of nurses already are being drawn into this work.

Some medical authorities foresee the development of epidemics on the European continent. They recall that in the last war we did not escape Europe's plagues—and they urge adequate preventive medicine *now*, to avoid spread in the United States. Certainly a major part of this educational program will be the job of the nurse.

There is another factor which so far has not come in for its share of attention—except in psychiatric circles. That is, the effect of war talk on the emotions of the American people.

Dr. Doris M. Odlum of London said recently, "Excessive or prolonged strain can produce a state of nervous and emotional shock in anybody . . . The exact type of reaction produced will depend upon the temperament of the individual." She added that the war does not

produce a special type of emotional instability; it exaggerates that which already exists.

War talk and events abroad have already caused emotional tension in the United States. But we cannot afford the development of a war neurosis here. A nation of anxiety-pressed citizens is incapable of defending the democratic principles on which it stands.

However you look at it, national hysteria is expensive. It reduces efficiency in thought and action. It produces physical disability in specific as well as intangible ways. It extends the length of ordinary illnesses, increases the intensity of others. It thrusts unduly heavy loads on medical and nursing personnel. And it fills mental institutions with patients who can't or won't try to get well.

Nurses can do much to hold the nation's emotions on even keel. The stabilization of national attitude begins in homes, in communities—and the influence of the nurse there is almost without precedent. Her relationship to the patient and his family is comparable to that of the family physician and the parish priest—but sometimes even more intimate because she is a woman.

Why should not this phase of nursing service now assume importance equal to that of expert bedside care? Why not encourage more nurses to take courses in mental hygiene, to acquire experience in psychiatry, to aim to nurse the "whole" patient, not just his body? Finding ways of relieving anxiety, helping families to face economic and other problems rationally and with courage, replacing emotional insecurity with stability—even in a small way—these things should add professional stature to every woman in the field. Such an opportunity for service should challenge the best that is in every nurse.

MAN WANTED

"Single blessedness" isn't all it's cracked up to be, this nurse decided. Rounding the corner toward thirty, she surveyed her resources, compressed her findings in this entertaining piece. Modestly, she asked that her name not be published.

●Fifty per cent of all nurses get married—according to statistics. This is an exquisitely cheerful thought! It means that you and I, and that cross-eyed gal down the hall all have an even chance of doing a Lohengrin with the Only Man in the World—if we can find him!

Nurses make wonderful wives—so our mothers, and those who love us are wont to say. From a competitive point of view, we've got what it takes. Breathes there a female who's better fitted to guard the health and morale of the male, to raise the young, and juggle the budget? Technically, we're tops in the marriage market. Practically, we need a little brushing up, if we hope to hit the right side of the 50 per cent.

Take, for instance, Nancy Trumbull who works on my ward. She's 28, rosy, not beautiful, but twinkly. She's what's known as a Good Nurse. She has a yen for starched white curtains, and would like to have a big family. She has a hope chest—but no man. All she gets is a cubby-hole in the nurses' home, and other people's babies to take care of.

This situation sounds flip. But it's no joke to me or any of the Nancys among my friends. We, frankly, want to get married. We're better equipped than most of the blue-eyed innocents who make the grade. What we need is an approach—a revised system.

Today's world is no world in which to let matters take their course. I can understand my friends who believe nursing is their *only* career. But I have little patience with my sisters who yearn for a mate—and take no steps to make their cottage-for-two an actuality.

I'm going to be bold and brazen, to come right out and recommend that more of us determine—like the Canadian Mounties—to Get Our Man. This doesn't mean stalking every available male with vicious persistence. But it does mean creating a situation where men are part of the picture, where this thing called romance can burgeon.

Everybody's technique is different, when she decides to "take steps."

Harriet Hastings can now be regarded as a graduate Cum Laude of the School of Action, for she now wears a modest sparkler (off duty, of course). Her steps were drastic, but efficacious. She was turning thirty, held down a good assistant head-nurse job, and occupied another cubby in the nurses' home. One day she woke up to the fact that every day off she'd had for years

Like the Canadian Mounties, we must determine to Get Our Man.

We can be helpful as well as attractive on city committees.

had been spent "with the girls." All those shows were "with the girls." Her vacation trip to the World's Fair was "with the girls." She was getting nowhere fast on the road to matrimony.

Harriet's solution was simple. She effected a quick change of scenery. If you wanted to get married, she decided, proximity to men was the first requisite. She took a job (still as assistant head nurse) in a nearby university town occupied by 2,000 assorted males. Out of the 2,000 emerged Henry, which explains the diamond.

To prove that everybody doesn't have to pull up stakes and flock to the nearest stronghold of gentlemen, there is Amy, who stayed right where she was, and took steps just the same. Amy notified all her married friends and relatives that she wanted to get married and was looking for the right candidate. She told them that *they* could help by marshalling their acquaintances—unobtrusively, of course. Since all happily married couples (and families) are born matchmakers, they all did their bit. Amy, to date, has had three-and-a-half proposals and the time of her life.

All this goes to prove that it's not locale that matters, it's attitude. Among other things that conspicuously *don't* prove critical are complexion, clothes, and time. According to popular fiction, the heroine is always a wallflower till she hocks the furniture to get a Hattie Carnegie dinner gown, crashes a State reception, and bags the U.S. assistant ambassador to Transylvania. Pish and tosh! Women have been known to prove irresistible in three-year old tweeds, in khaki lab coats, yes even in operating-room masks and gowns. It quite definitely *isn't* the wardrobe.

Neither is it halitosis, dishpan hands, or housemaid's knee. And it isn't time, as some will earnestly avow. Many a woman has accomplished a courtship while doing twelve-hour night duty. It's that inward conviction that one is, after all, charming, and an enormously interesting person to know. All socially successful people seem to have this conviction—and, having it, to immediately convince others.

Here is where our plan for "taking steps" comes in. We have decided, the Nancys and Amys and Harriets in our gang, that we really *are* nice people to know. In addition we are talented and trained in the very things men appreciate. We can cook regular and special diets, we can raise babies, we can get along with people, we can earn

No one can look even vaguely spinsterish in a circular skirt!

money. We are, in short, veritable gold mines. What we need to do is to let our gold glisten . . .

This winter we are going to display ourselves and our talents—in a nice way, of course. We're not going to neglect items like clothes and complexions and time, but they are not going to stand in our way, either. Here's our program. Object, to meet eligible men. General result (we hope), the showing off of our superb qualifications for the altar:

DANCING LESSONS: cheap, and socially interesting. For those of us who need a brushing up from the one-dance days of the foxtrot. Not only leads to male acquaintances, but to an accomplishment of social significance.

COURSES: And we *don't* mean nursing education (though we're planning on some of that, too, on the professional side). We mean one *good* course in modern events in Europe. (Nothing like tearing hair over Fascism to make two hearts beat as one.) Or possibly a one-night-a-week music appreciation course. Lots of tired (and single) young business men take those.

CLUBS: For those of us with specialties, there are the Camera Club and the Bridge Club. Either one mixes the sexes thoroughly. There's an out-and-out social club in our city, too. Incidentally, it's thoroughly respectable. and rather jolly people frequent it.

SPORTS: Every one of us has a night designated for exercise. Instead of repairing to the ladies' gym, we're going in this year for ice skating. (No one can look even vaguely spinsterish in a circular skirt!) Professional men like this sport. For those who are inclined to look blue and cold on ice, there's badminton and squash (where bankers notoriously gather). One of us is going to learn to *fly*. It's not at all impossible financially.

SHORT VACATIONS: We're going to go places on [*Continued on page* 48]

Above: *Mary Hawthorne (left) enrolls Leone Hawks and Margaret Kelly.* Below: *The new recruits try on the official uniform of the Red Cross first reserve.*

• To twenty thousand recent and qualified graduates of nursing schools, the American Red Cross is currently directing its appeal for additional first-reserve membership. These young women, the ARC hopes, will fortify the nurse corps of the army and navy, filling the many new government nursing posts created under the national defense program. The Red Cross believes that at least 50 per cent of this year's crop of graduates should be enrolled. Requirements are stiff—but not beyond the reach of the typical 1939-40 alumna. Candidates must be 21 to 40 years of age; single, widowed, or divorced; graduates of accredited nursing schools; ANA members; American citizens. Physical fitness is essential. For information on where to join, write R.N.—A JOURNAL FOR NURSES, Rutherford, N.J.

Photos from International News

QUICK FACTS ABOUT *Rheumatic*

• Despite intensive research in all parts of the world, rheumatic fever remains one of medicine's most baffling enigmas. Not life-threatening in its acute stages, rheumatic fever may leave victims with hearts damaged by rheumatic endocarditis.

Rheumatic fever is the most common cause of heart disease under forty years of age, and heart disease today is far and away the most frequent cause of death. In 1935, heart disease in one State accounted for 341 deaths per 100,000 population, cancer for 146, tuberculosis for 45, and lobar pneumonia for 41. It is said that one death in six or seven stems from some form of cardiac involvement.

The cause of rheumatic fever is unknown. Although organisms have been described from time to time by various investigators, no conclusive proof is available that even establishes the condition as being of infectious nature.

Rheumatic fever must be regarded as a generalized affection; the joint manifestations from which the disease gets its name are its most spectacular feature but by no means the principal or only involvement. Lesions of the blood vessels, heart, pleura, and even the brain have been described.

For an obscure reason, the prevalence of rheumatic fever is related to geographic location. The disease is practically unknown in the tropics and below the Tropic of Cancer; incidence increases to the northward, being highest in the temperate zone. The greatest number of cases occur in February and March. Removal of a patient to tropical regions hastens recovery, but does not eliminate susceptibility to reinfection on return to a northern climate. Both sexes are attacked with about equal frequency. While the disease is seen in all age groups, the greatest incidence is among children. The portal of entry of the hypothetic causative organism is not known; the incubation period is likewise obscure. It is believed, however, that the pharynx or the tonsils permit the organism to enter; this hypothesis is based on the observation that acute pharyngitis, acute tonsillitis, and scarlet fever frequently

Cardiac children receive expert care at Irvington House in New York State. Electro-cardiography measures the damage to each child's heart.

precede the rheumatic involvement.

Clinical course.—The first indication of illness is usually a sore throat or tonsillitis which presents no unusual characteristics. Within a few days or weeks the typical polyarthritis or "inflammatory rheumatism" begins. The temperature usually ranges from 102° to 104°F., the leukocyte count is elevated to 15,000—25,000; sweating is profuse, and malaise is severe.

Usually affecting one or two joints at a time, the arthritic process consists of swelling, redness of the skin, extreme pain, and limitation of motion. The joints are exceedingly tender, and frequently the weight of the bedclothes produces marked discomfort. As the process subsides in one joint, it flares up in another. The larger joints are earliest and most commonly implicated, but no joint in the body is immune. Thus at no time is the patient free of joint pain. Although the local inflammatory signs are most severe, complete function usually returns; in older persons, however, residual stiffness may remain for some time.

This type of polyarthritis may continue for weeks, and joints previously inflamed may again become swollen and painful. As the joint inflammation increases, the temperature rises; temporary reduction in fever follows subsidence of the arthritis.

Rheumatic or subcutaneous nodules are a characteristic feature. They are hard, painless, freely movable, and are located in the skin over the spine, elbows, and ankles; they are also found in the scalp. The nodules develop quickly, are present for a few days or a week, and then disappear. They vary in size from that of a small pea to one-half inch in diameter. Many or few may be present at one time, and their number roughly parallels the severity of the arthritis.

Various skin lesions have been described in conjunction with rheumatic fever—erythema multiforme, petechiae, purpura, erythema nodosum, and urticaria.

In the past two decades, attention has been shifted from the articular (joint) involvement to the cardiac. It

The "cure" depends on nutrition, fresh air, and sunshine—but particularly on rest. Irvington House patients avoid exertion by supervised play.

Photos with this article courtesy of Irvington House

Five wards house 108 boys and girls. Those who are able to be up and about, visit the bedridden and keep them amused with sedentary games.

is now generally believed that the heart is affected in virtually all patients with rheumatic fever. Intense research has established that no part of the heart is spared. In former years, only the endocardium and valve leaflets were thought to be affected; now it is known that the myocardium and pericardium also harbor the inflammatory process. Hence the concept of rheumatic pancarditis is replacing the older idea of endocarditis.

During the height of the polyarticular rheumatic stage the process attacks the heart. Pancarditis is manifested by cardiac enlargement, murmurs, irregularities of rhythm, electrocardiographic changes, and at times by cardiac pain. The pulse of pancarditis is fast and thready, and skipped beats (extrasystoles) are common.

Other signs of rheumatic fever are marked secondary anemia, loss in weight, nephritis (occasionally).

Chorea, once considered a separate disease entity, is now classified as a manifestation of rheumatic fever.

Course.—The duration of rheumatic fever is variable. The so-called acute variety lasts from two to three weeks. The subacute and chronic forms persist for many weeks or months, with less severe joint changes and a lower temperature elevation. In a small percentage of patients, hyperpyrexia with a temperature as high as 107°F. develops. This is associated with rapid, shallow breathing, cyanosis, delirium, tachycardia, coma, and death. Most patients recover from the immediate rheumatic infection.

The concept of a rheumatic type of infection is new and has clarified many previously obscure features of the disease. It is known that many patients present cardiac evidence of rheumatic fever—mitral stenosis or nonluetic aortic regurgitation—without recalling an attack of rheumatic fever during childhood. In some of these patients a

history of tonsillitis or chorea may be elicited, but in many others no evidence of any type of infection can be established. From these observations the thought has developed that rheumatic fever may occur without the patient's knowledge, and may at the time be regarded as lumbago or a sore throat with insignificant joint or muscular pains. "Growing pains" in children, formerly considered as harmless as chickenpox and thought of as something that most children must experience, may occasionally be rheumatic manifestations which can just as severely damage the heart as can the polyarticular form. It is worthwhile, therefore, to watch carefully for the pains of growing children as some may be rheumatic and medical care may be required to detect and prevent heart involvement.

Sequelae.—Recurrent attacks of rheumatic fever are common, presumably because the first seizure, instead of conferring immunity, actually increases the patient's susceptibility. Hence two, three, and even four rheumatic infections may be encountered in the same patient, especially in the lower economic groups where general hygienic conditions are apt to be poor. The dictum "once rheumatic, always rheumatic" frequently proves true. Younger children are more likely to suffer recurrences. The greater the number of infections, the more severely is the heart damaged.

After complete subsidence of the rheumatic process, the physician carefully evaluates the damage imposed upon the heart. Valvular defects are most common on the left side, involving the mitral valve most frequently and the aortic valve less often. The tricuspid and pulmonary valves are deformed in no more than 50 per cent of the cases, and it is said that the valves of the left chamber rarely if ever escape damage. Critical observation for months after the acute attack has subsided is essential, since in many patients the characteristic murmurs may not develop promptly. Indeed, a suspicious attitude with regard to cardiac damage will reveal some type of abnormality in virtually every patient.

Life expectancy is shortest when the initial attack occurs in early childhood, and becomes correspondingly greater with infection in later years. In any given patient the future course is determined by the location of the lesion and its severity. Mild scarring of the mitral or the aortic valves may produce only slight incapacitation, and death may eventually be due to noncardiac causes. Mitral stenosis leads to an earlier exitus than does aortic regurgitation; patients with the latter usually live about ten years longer than those with the former.

The average patient, upon recovering from the acute rheumatic stage, is capable of some degree of activity, the exact amount depending upon the extent of valvular scarring. Eventually, however, if actual valvular deformity is present, one of several complications usually develops, the most common being auricular fibrillation and congestive heart failure. Death from heart failure usually occurs ten to twenty years after the rheumatic involvement, and is preceded by several years of partial or complete incapacitation because of threatening heart failure. The damaged valves of rheumatic endocarditis are especially prone to become the site of bacterial endocarditis terminating fatally. The noncoexistence of mitral stenosis and pulmonary tuberculosis has been noted by many authors.

Nursing care and treatment.—Most cardiologists are agreed that the nursing care of rheumatic fever is as important as drug therapy. During the acute stage, absolute rest in bed is imperative. The patient must be spared as much exertion as possible; constant attention and anticipation of his needs are the essence of good nursing care. The temperature is taken at regular in-

tervals and the pulse carefully counted for one minute. Changes in the rate, or development of irregularities, must be accurately noted and brought to the physician's attention since they are indicative of myocardial involvement.

A temperature chart is a valuable aid to the physician, since a sudden rise in the temperature usually precedes new joint involvement. The development of hyperpyrexia calls for prompt measures—alcohol sponges, parenteral administration of fluids, and whatever stimulants may be prescribed. Three-minute rectal temperatures are taken since the temperature is one of the most accurate criteria for determining the presence and degree of infection.

Fluids are not given in too great abundance because of the danger of imposing too severe a load on the heart. The diet is light, but nutritious.

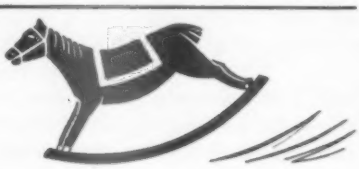
Care of painful involved joints requires intelligent attention. If tenderness is great, the bedclothes are supported by a cradle. The involved joints are placed in the most comfortable position, and are gently supported by means of pillows or soft cotton padding. Padded splints aid in effecting immobilization. Since complete return of function is the rule, it is not necessary to maintain the extremities in any special position, as for example in poliomyelitis. Some physicians order local applications of wintergreen oil and a flannel compress. A therapeutic (heat) lamp aids in reducing pain.

When discomfort is severe, shaking the bed or even heavy walking across the room may invoke excruciating pain. This mishap must be avoided at all costs, since it may induce a profound sense of fear in the patient, and lead to poor cooperation thereafter. For this reason visitors should be forbidden.

The customary precautions regarding bed sores are to be scrupulously followed. Oral hygiene aids in preventing

[*Turn the page*]

COLLECTORS' CORNER



Hobbyists! Here's a spot all your own. If you want to add to your collections, trade with other nurses, or discuss mutual problems, address the HOBBY EDITOR. *Items should be short, to permit inclusion of as many as possible each month.*

SHAKERS. I am collecting cute and unusual salt and pepper shakers and would like to secure sets from different States. What are you collecting that I can send you in exchange? Ruie J. (Mrs. Harold) Brown, Centerburg, Ohio.

SEALS. My hobby is collecting tuberculosis Christmas seals. Perhaps you may have some hidden away among the Christmas cards you have saved. I would be very happy to receive them—old or new. Will gladly return postage. Jeanne C. Muller, 18 Claremont Ave., Montclair, N.J.

SCRAPBOOKS. I make scrapbooks for the Red Cross and for chronics and convalescents. Have R.N. readers any picture postcards, small pictures, clippings of short stories or interesting events, jokes, cartoons, or puzzles (with the answers, please) which might go into these scrapbooks? Any material will be gratefully received and acknowledged. Sybil E. Watson, Y.W.C.A., 87 S. Broadway, Yonkers, N.Y.

MORE BELLS. Bells, bells, and more bells! That's my hobby. Small unusual shaped bells. Who has any to give away or sell? Bessie Erskine Kimball, 14 Stewart St., Amsterdam, N.Y.

SCENIC CARDS. My hobby is collecting scenic postcards. Will gladly exchange with other collectors. Allene Lauck, 1314 N. 11 St., Waco, Texas.

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development of new foci of infection.

As recovery begins and joint pain disappears, the problem of maintaining the patient at rest may tax the resources of the nurse. The exact time when the infection completely subsides is difficult to ascertain, but a rectal temperature consistently below 99.8° F., a leukocyte count below 9,000, and a normal sedimentation rate are regarded as the most dependable indices. In order to minimize cardiac damage, activity may not be permitted for weeks or even months after complete disappearance of all evidence of active infection. A daily low-grade temperature in the absence of joint pain is interpreted as persistent valvular infection, and demands continuation of the above regimen until an afebrile state is attained.

At first the patient is permitted to leave his bed for one hour daily. If the temperature remains normal and if the pulse does not become excessively rapid, longer periods are allowed. Return to former activity is usually not advisable for several months or even a year. It is generally acknowledged that the longer the period of convalescence is maintained, the more effectively will cardiac damage be minimized.

The active treatment of rheumatic fever consists of the administration of sodium salicylate to the point of intolerance. This drug controls the pain and reduces the temperature more effectively than any other known. Authorities disagree as to whether it exerts a specific influence on the infection, or whether it merely acts as an antipyretic and analgesic. Serum has proved valueless, but sulfanilamide and allied drugs have not yet had sufficient trial. Research is still being conducted in the use of these drugs. Some cardiologists advocate removal of patients with active infection to tropical regions, and report a beneficial influence.

[*For a bibliography of the procedures discussed in this article, send a stamped, addressed envelope.*—THE EDITORS]

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Sweaters Designed by Léon Are Delighted to Present Something NEW That Is Dedicated to YOU—

*R.N.

The

"Regulation" SWEATER

for Nurses

. . . to keep you warm when it's cool

without breaking any rule;

. . . to give your Uniform a touch of lure

that may help to hasten a patient's cure.

But, seriously, this idea was suggested to us by a "style committee" of your own eminent profession. Many Registered Nurses have told us that, when it's cool (especially on night duty), the soft warmth of a "Tish-U-Knit" Sweater is precisely what they want. But they added: "If only you could design a special 'regulation' Cardigan Sweater for Nurses, in keeping with their Uniforms!"

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Calling ALL NURSES

Is there someone in the profession you'd like to locate? You may insert here, without charge, a 75-word notice. Items will be published in the order received. Be sure to include your full name and address so that replies may reach you. Address the "Calling all nurses" editor.

HELEN DOWNS: My friend "Upson" left for Maine some time ago. I have tried frequently to locate her but have been unsuccessful. If anyone has factual information on her present location I'd appreciate hearing. Margaret Lynch, Box 270, West Haven, Conn.

VERONA LOWE: Remember when we worked at the Mercy Sanitarium in Hammond, Indiana? I lost your address and that is why you have never heard from me. Please write. Reeva Hellwig Cranor, State Hospital, Cherokee, Ia.

MISS STRAND: While passing through Baltimore, seeing Fort McHenry, my memories turned back to 1918. I would so love to hear from you. Remember Meyer Jones? He is here in Cleveland and sends regards. "Brownie." C. L. Swain, 1726 Clarkstone Rd., Cleveland, O.

ELIZABETH WOFFORD: (Good Samaritan Hospital, Portland, Ore.) Do any readers know this nurse's present address? I am very anxious to get in touch with her. We were close friends and now have lost track of each other. Lula Taylor Alvord, Elma General Hospital, Elma, Wash.

MILDRED MORRISON AND LOUISE BARRON: (Matty Herrse Hospital, Meridian, Miss.) Where are you two? Would like so much to hear from both of you. Do you remember the good times we had at the "San"? Please write to me and tell me all about yourselves. "Tillman." Mrs. Clyde Clark, Braxton, Miss.

Each NUPORAL, "Ciba" lozenge offers one mg. of Nupercaine, the dependable local anesthetic of sustained action. Non-narcotic, NUPORALS have proven clinically effective to allay pain and tenderness of throat and mouth mucous membranes; also to diminish pharyngeal reflexes.

SUGGESTED USES BY PHYSICIANS—Relief from distress of "sore throat", aphthae (ulcers) and post-tonsillectomy; to lessen sensitivity of the pharynx prior to passage of stomach tube; to similarly facilitate pharyngeal and laryngeal examinations, etc. The taste of NUPORALS is not unpleasant.

*Trade Mark Reg. U.S. Pat. Off. Word "NUPORAL" identifies throat lozenges of Ciba's manufacture, each lozenge containing one mg. of Nupercaine, "Ciba".

NUPORALS are supplied in boxes of 15 and in bottles of 100 lozenges.

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SUMMIT, NEW JERSEY

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You can collect

[*Continued from page* 13]

circumstances, families may be hurt by a request of this sort from the nurse. To protect herself in a court of law, however, the R.N. should have some such legal evidence. She must, therefore, phrase her request as "a matter of form, for the records." Few patients or families who really intend to pay their bills will refuse such a request.

A less formal procedure is to present a bill to be endorsed by some member of the family:

For nursing services rendered to Adele Morrison from March 5 to March 12, 1940, at $8 a day.....$56.

This should always be endorsed by a member of the family, thus:

I guarantee the payment of this bill.
(Signed)

While not generally legally preferable, this form of statement is usually effective in legal proceedings.

The basic rule is: Never leave a case unpaid without some statement of the fact that you have given service without payment.

4. Don't accept partial payment and and let the matter rest there. If you wish to collect the whole bill, and the family pays you in part, make out a statement for the amount due and have it signed as you would any debt. If you intend to charge the family less than your regular fee (because you think them poor), make out a bill for the full amount and write across it, "Paid in full." Then accept the amount you have decided on. This protects the family and yourself too.

5. Don't wait too long to collect overdue accounts. Six or seven years is usually the longest that any indebtedness can run without becoming outlawed legally. If a certain amount has been paid on the debt, the period runs from the time of the last payment.

6. Make a habit of keeping data on the families who owe you money. Any legal action will be much simplified if you have the correct name, address, and occupation of the patient, the names of the doctor and other nurses on the case, the names of relatives present at the time.

If you find yourself confronted with a collection problem which your own resources will not solve, investigate the various means of legal collection in your State. There are legal-aid societies throughout the country which will help you find the information you need. Then, if it appears an attorney is necessary, enlist the counsel of a competent lawyer before, not after, you are in deep water. Trying to save yourself an attorney's fee may prove, in the end, the most costly and least effective procedure.

"London, reporting"—

[*Continued from page* 10]

thought and action, our spiritual and cultural ideals, and the love of all things beautiful and good, without which life no longer has any meaning for us.

Our forefathers—yours and mine—have given both our nations this common heritage and a great ethical standard which we, as nurses, must treasure and preserve in all its richness and fullness. In this way, the torch of progress may be handed on to our successors, burning as brightly as when we received it. When this night of terror passes, the dawn of peace shall find us weary but unashamed.

Industry opens up

[*Continued from page* 16]

one-inch gauze of the past!

This list could be extended to include social work, which every modern industrial nurse does increasingly. As time goes on, she will also take on added fields like factory housekeeping and personnel training.

Industrial nurses now in the field are more than ready to assume the new responsibilities ahead of them. Proud that their field is coming into its own, they have a new sense of their own identity and special value. But they see the need for careful organization of methods and standards so that industry may be adequately served.

All over the country industrial nurses' clubs are planning ambitious programs to guide members through the present emergency situation. First of these is a conference of all eastern industrial nurses clubs to be held in Asbury Park, New Jersey, in April. Here nurses from New England, New York, New Jersey, and Pennsylvania will meet to discuss industrial health under the defense program. All R.N.'s will be invited to attend, whether or not they now hold jobs in industry. This latter concession was

industry. This latter concession was made because the industrial nurses themselves believe the present up-trend in industry should attract nurses from all fields into this work. They want to put the benefit of their experience at the disposal of newcomers.

"From within our own group," predicts Elizabeth Sennewald, president of the New Jersey club, hostess organization for the conference, "will come the knowledge and ability to organize our professional aims, set our own standards. The problems ahead of us may be unfamiliar—but we industrial nurses are prepared to go after them!"

[*Next month another article on industry and what it offers the registered nurse.*—THE EDITORS]

A jolly good fellow

[*Continued from page* 19]

Sometimes I wonder what the per capita consumption of hamburger and hot dogs is for country towns in the summer. When you accept an invitation to the country you can be pretty sure you'll get one or the other.

But not always! And occasionally a party turns out *not* to be a hen party.

That's what happened when the new superintendent gave us a barbecue last month. By that time we shuddered at the mention of the word "party." The only saving grace about the superintendent's invitation was that it included the doctors, too. They'd be fellow sufferers, we thought on the long cold ride down to the lake.

The minute we arrived somebody came around with hot toddies and pretty soon everybody was laughing at the silliest things and playing games. I never realized before what a grand gang we had at the hospital!

And no hamburgers, no hot dogs. In a pit outdoors, the superintendent had been babying a southern barbecue all afternoon, and he looked as if he was having a swell time doing it. He was

M. BURNEICE LARSON, *Director*

WHEN THE CALL COMES—

Be Ready

YOU are probably perfectly qualified for some one of the positions for which we have been asked to make recommendations. But this opening may not remain unfilled until you have sent in your record, and we have assembled the necessary information in your regard. Your file should be complete, ready to be submitted the very day we are told about the opportunity you want.

Many of you, we know, will be interested in some desirable openings which came to our attention a few days ago—

> A family prominent in the social as well as industrial life of America recently decided to give its community a hospital—one of which every one could be proud. It has been designed, built, furnished, equipped and decorated by the leading craftsmen of America. The colors are gay, well chosen. The corridors are hung with rare and beautiful prints. The living quarters could compare with any smart hotel or country club. And we have been asked to suggest candidates for the various vacancies on its staff—assistant superintendent—surgical supervisor—floor supervisors—anesthetist—staff nurses!! Unusual opportunities, we are all agreed.

If you would like to be considered for one of these positions, write—wire or telephone us. And be prepared for future opportunities. Ask for a registration form —today.

***The* MEDICAL BUREAU**

M. BURNEICE LARSON, *Director*

Palmolive Building, Chicago

dressed in dirty slacks, one of those shirts with the tail hanging outside, and a dilapidated but warm sweater. His usually severe face was covered with smoke and perspiration. When the pig was done, he brought it inside, and, oh, the smell of that browned pork, with its nose-twitching sauce! We filled our plates with meat and salad and rolls, and plunged in. I *mean* plunged in, too. Our table manners with those "spareribs" made Henry VIII look like Emily Post's best student.

And when we lifted our voices in song—as anybody would after a meal like that—there were some good husky basses and baritones to give "heft" to the sopranos and contraltos. We meant it when we sang "For He's A Jolly Good Fellow." All he has to do is say the word—and we'll work our heads to the bone for him!

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HAVE YOU ORDERED YOUR KEY TAG?

● R.N.'s staff has designed a silver-finish key tag for your personal keys and those of your friends. With the identification tag goes an insurance plan by which your keys are permanently registered in our editorial offices *without charge.*

The tag costs only a quarter and you may order as many as you wish. Don't delay too long, however, as the supply is already running low and will not be increased. When writing, please address THE KEY INSURANCE EDITOR; print your name and address or that of the friends to whom you wish tags sent; please also specify the number of tags desired and the amount of stamps or coin you are enclosing.—THE EDITORS

The Next Best Thing to AIR-CONDITIONING

Sick room odor may be due to stale perspiration odors. Patients often feel grateful when you help eliminate this depressing factor by giving them a personal "air-conditioning" with MUM. This snow-white cream deodorant quickly neutralizes stale perspiration odors. Use MUM—the new form of personal "air-conditioning"—regularly on patients. And to make it unanimous, use MUM yourself.

MUM Takes the Odor out of Stale Perspiration—Does Not Interfere with Normal Sweat Gland Activity. Have you learned how elegantly MUM subdues sanitary napkin odors?

A BOXFUL OF FRESHNESS—A dab of soothing MUM, applied to underarms and other skin areas, maintains personal freshness by banishing stale perspiration odors. Quick, non-irritant; does not stain clothing or bed linens.

Personal "air-conditioning" as herein used applies to the removal of stale perspiration body odors which occasionally permeate an office or room.

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INTERESTING PRODUCTS

Here is a check-list on new products and services. You may have samples or literature by writing the manufacturers. The service is available only to registered nurses. Be sure to give your registration number.

SPECIALTIES: Here is a line of nurses' specialties to fit every need, ranging from instruments, rubber goods, and glassware to nurses' bags. Of special interest to all nurses is a transparent thermometer case made to hold fluid as well as the thermometer, providing a sterile instrument at all times. The case is equipped with a spring so that the thermometer pops up when the case cap is removed. It comes with a pocket-clip and sells for a dollar. STANLEY bags meet the requirements of nurses in private practice and public health. A variety of sizes and shapes is available in brown and black cowhide. For literature and price lists write Stanley Supply Co., Dept. RN 12-40, 123 E. 24 St., New York, N.Y.

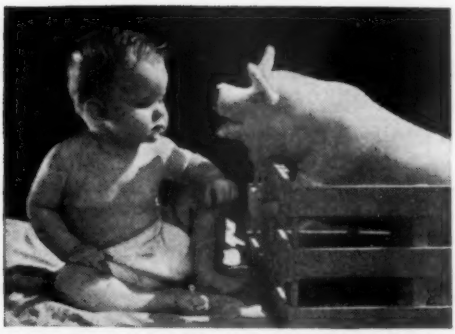
DOUCHE: Wyeth's new vaginal douche, DUTERRA, which removes mucus, is meeting with favorable response where doctors recommend it to their patients. Containing aluminum hydroxide gel and kaolin, this product has coagulating properties which remove mucus and vaginal debris without harming delicate tissue. Recent gynecological studies show that it may be used at home as frequently as desired without harmful or untoward effects. For free sample, write John Wyeth and Brother, Inc., Dept. RN 12-40, Philadelphia, Pa.

PRE-SHRUNK UNIFORMS: Sanforized (pre-shrunk) poplin uniforms are easy on the budget because they last longer than fabrics not made to stand hospital laundering. WHITE ROCK uniforms come in a variety of long and short-sleeved styles, all featuring the season's newest fashion touches. Prices on the entire line are below $2. For catalog and swatch of material address Miss Dorothy Goding, Dept. RN 12-40, White Rock Uniform Co., Lynchburg, Va.

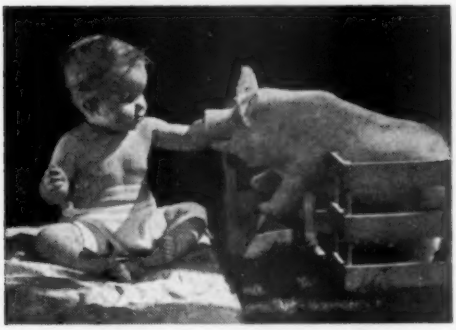
ANALGESIC: Damp, cold, winter months may aggravate all sorts of rheumatoid conditions. When your patient complains of tense, painful muscles or aching joints, ask the doctor if you may massage with BAUME BENGUE. A time-honored external applicant, it is said to have produced results in many mild inflammations. A trial tube will be sent to nurses, on request to Thos. Leeming and Co., Inc., Dept. RN 12-40, 101 W. 31st. St., New York City.

IODINE BOOKLET: Do you know why iodine can be depended on for first-aid cases? Do you know the proper application of iodine to mucous membranes of the mouth and pharynx—proper solutions to be used as a douche—recommended strength for treatment of athlete's foot? These and many other valuable facts may be found in a booklet recently published as the result of exhaustive research in this field. Nurses may have free copies by writing the Iodine Educational Bureau, Inc., Dept. RN 12-40, 120 Broadway, New York, N.Y.

SWEATER: A stunning "regulation" sweater for nurses has been designed by Léon, stylist for TISH-U-KNIT sweaters. It is being launched through stores under the trademark "R.N." and appears destined to make a strong appeal to all nurses in hospitals and private practice. It's warm—and figure-flattering as well—is made of soft, white Shetland wool, and bears an "R.N." crest on its trim little bosom pocket. For more information on this unusual sweater, address Olympic Knitwear, Inc., Dept. RN 12-40, 1372 Broadway, New York, N.Y.



"Sorry, Mr. Pig, I'm not impressed. Bathing may have been a vice among the Romans, but our moderate bathing today is responsible for advances in public health."



"Isn't it possible that your prejudice is due to some unfortunate experience? Soap in the eye? Or a lack of the true joys of the bath, such as Johnson's Baby Powder!"

"There is something that doubles the pleasures of ablution! So soft, so velutinous! And, Johnson's Baby Powder minimizes the incidence of chafing and prickly heat."

IT IS EASY to see why Johnson's Baby Powder is so comforting to infant skin—rub a pinch between your fingers and note the softness and "slip." It is made of fine quality talc.

Johnson's Baby Oil . . . for the daily oil bath of very young infants, and occasional use on older babies where indicated. Bland, colorless, stainless, and will not turn rancid.

Other Baby Toiletries . . . prepared according to Johnson & Johnson's high standards of purity, include Johnson's Baby Soap and Johnson's Baby Cream.

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Please send me, free of charge, a generous sample bottle of Johnson's Baby Oil.

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Positions available

ANESTHETIST: California. Opening for nurse-anesthetist in obstetrical department of large hospital. Salary, $125; partial maintenance. (Placement bureau charges $2 registration fee.) Box MB12-1.

ANESTHETIST: Florida. For one of leading hospitals in State. Must be thoroughly experienced. Salary, $150; maintenance. (Placement bureau charges $2 registration fee.) Box MB12-2.

ANESTHETIST: Midwest. For well-organized 200-bed hospital, located in middlewestern State capitol. Salary, $100; full maintenance. (Placement bureau charges $2 registration fee.) Box C315.

ANESTHETIST: For private hospital. To succeed anesthetist who has held position for ten years. Salary, $125; maintenance. (Placement bureau charges $2 registration fee.) Box MB12-4.

ASSISTANT DIRECTOR: Graduate nurse wanted to advance intensive nursing education program and to instruct in clinical supervision. Bachelor's degree and experience in clinical teaching required. Large teaching hospital. School conducts both advanced degree program for graduate nurses and five-year course for students. (Placement bureau charges $2 registration fee.) Box MB12-5.

ASSISTANT DIRECTOR: School of nursing, university hospital, offers non-resident appointment. Duties include those of supervising nurse of the crippled children's unit. (Placement bureau charges $2 registration fee.) Box MB12-6.

***CAMP NURSE:** Maine. For Co-ed Junior Camp, July and August 1941, capacity sixty, ages five to twelve years. Private-school nurse with summers free preferred. Beautiful surroundings, finest equipment, excellent food. Salary, $75 per season, plus maintenance. Chance for permanent connection at advanced salary. Box SF12-40.

When answering these advertisements:

Write a separate application for each job in which you are interested.

Address each application to the correct box number, care of R.N. —A JOURNAL FOR NURSES, Rutherford, N.J.

All positions are listed by a placement bureau except those otherwise indicated. Send no money with application. Bureaus requiring a fee will bill you.

DIETITIAN: South. Large, fully approved institution, seeks nurse qualified to serve as chief dietitian. Salary, $150-$200. (Placement bureau charges $2 registration fee.) Box MB12-8.

DIRECTOR: Opening in school of nursing of large teaching hospital, approximately 200 students. Particularly attractive connection. Salary, $3,000; maintenance. (Placement bureau charges $2 registration fee.) Box MB12-10.

DIRECTOR OF NURSES: Children's hospital has opening for woman under forty with administrative experience. Degree necessary; Master's degree preferred. Salary, $150; complete maintenance. (Placement bureau charges $2 registration fee.) Box MB12-9.

DIRECTOR OF NURSING: Midwest. Excellent hospital group wants nurse with college degree; preferably 35 to 40, with previous teaching and executive experience. Salary $150; full maintenance; living quarters above average. (Placement bureau charges $2 registration fee.) Box C320.

GENERAL DUTY: California. Several openings in private hospital of about 100 beds. All-graduate nursing staff. (Placement bureau charges $2 registration fee.) Box MB12-11.

GENERAL DUTY: East. Opportunity for recent graduate, efficient, with pleasing personality. New York registration preferred. Salary, $80; full maintenance. (Placement bureau charges $2 registration fee.) Box C325.

GENERAL DUTY: Midwest. Several openings in small, private hospital, beautifully located in metropolitan suburb. May live away from institution. Salary, $95, including all meals. (Placement bureau charges $2 registration fee.) Box MB12-12.

***GENERAL DUTY:** New York. Openings in general surgery and obstetrical departments. Salary, $70 and full maintenance for first six months; $75 thereafter. Apply to superintendent of hospital. Methodist Hospital, Sixth St., Seventh to Eighth Aves., Brooklyn, N.Y.

GENERAL DUTY: Southwest. Nurses needed for alternating day and night duty; fifty-bed industrial hospital, located near large city. Salary, $90; full maintenance. (Placement bureau charges $2 registration fee.) Box C326.

GENERAL DUTY: Several openings in obstetrical and tuberculosis services of large municipal hospital; forty-hour week. Salary, $90; maintenance. (Placement bureau charges $2 registration fee.) Box MB12-13.

HEAD NURSE: East. Opening in infants' department of children's hospital. Advanced university courses made possible for nurse working toward degree. (Placement bureau charges $2 registration fee.) Box MB12-14.

INSTRUCTOR, NURSING ARTS: Midwest. Candidate wanted with record of successful experience in teaching nursing arts; minimum, Bachelor's de-

**Not listed by placement bureau.*

gree; preferably Master's. Age about 35. Large, metropolitan teaching hospital. Immediate opening. (Placement bureau charges $2 registration fee.) Box MB12-15.

INSTRUCTOR, SCIENCE: New England. Pleasant city about two hours' from Boston, graduate nurse with year's work toward degree eligible. Salary, $100; maintenance. (Placement bureau charges $2 registration fee.) Box MB12-16.

LABORATORY X-RAY TECHNICIAN: East. Graduate nurse qualified either in X-ray or in laboratory work for position in large industrial company. (Placement bureau charges $2 registration fee.) Box MB12-19.

LABORATORY X-RAY TECHNICIAN: Position available for nurse-technician in sixty-bed hospital located in college town. Some nursing duties. Excellent social opportunities. Salary, $95; full main-

tenance. (Placement bureau charges $2 registration fee.) Box C332.

OFFICE NURSE: Northwest. Graduate nurse for important position in office of well established group; clinic; new modern office building, excellently equipped. Young woman with good educational background required. (Placement bureau charges $2 registration fee.) Box MB12-20.

PHYSIOTHERAPIST: Midwest. Opening for graduate nurse qualified in physiotherapy; preferably orthopedic nursing experience. Interesting position with crippled children's commission. (Placement bureau charges $2 registration fee.) Box MB12-18.

PSYCHIATRIC SOCIAL WORKER: Registered nurse with college degree sought, preferably major in social work. Diversified and interesting duties. Salary, $140. (Placement bureau charges $2 registration fee.) Box C340.

PUBLIC-HEALTH NURSE: Midwest. Qualified to serve as instructor in university school limited to graduate nurses taking degree and certificate course in public-health nursing. Theoretical preparation and several years' experience required. (Placement bureau charges $2 registration fee.) Box MB12-21.

SUPERINTENDENT: Midwest. Pleasant hospital, located in picturesque university town. Salary, $150; maintenance. (Placement bureau charges $2 registration fee.) Box C342.

SUPERINTENDENT: South. Exceptionally attractive small hospital for children wants nurse with orthopedic background and pediatric experience. Community of about 50,000. (Placement bureau charges $2 registration fee.) Box MB12-22.

SUPERINTENDENT OF NURSES: West. Excellent opening in comparatively new hospital of 130 beds, located in capitol and university city of western State. Accommodations for both private and charity patients. Institution now entering upon period of expansion, with building program of $500,000. (Placement bureau charges $2 registration fee.) Box MB12-23.

SUPERVISOR, MEDICAL AND SURGICAL: Texas. Candidate should have had some college work in nursing education. Duties include ward-teaching program, managing department well-staffed with graduate, assistant, and student nurses. Salary dependent upon qualifications. Attractive Texas city. (Placement bureau charges $2 registration fee.) Box C330.

SUPERVISOR, NEUROLOGICAL. Midwest. Graduate of large hospital required for neurological ward of municipal hospital. Must be qualified to carry on teaching program. (Placement bureau charges $2 registration fee.) Box MB12-25.

SUPERVISOR, OBSTETRICAL: Midwest. Opening for nurse with some college work, post-graduate training in obstetrics, plus experience. Rapidly expanding department, progressive hospital. Attractive salary for properly qualified person. (Placement bureau charges $2 registration fee.) Box C335.

SUPERVISOR, OPERATING ROOM: Midwest. For active surgical department, eighty-bed hospital with graduate staff. Picturesque town, located on Great Lakes. Salary, $100; full maintenance. (Placement bureau charges $2 registration fee.) Box C337.

SUPERVISOR, OPERATING ROOM: Opening for qualified nurse in city hospital of 500 beds. Particularly active surgical service averaging twenty operations daily; seven operating rooms with staff of seven graduates and fifteen students. Salary $135-$150; complete maintenance. (Placement bureau charges $2 registration fee.) Box MB12-27.

Man wanted

[*Continued from page* 24]

our days off and on week-ends, even if they be few and far between. We're going on organized bicycle and ski trains, on hikes and expeditions. If income permits, those of us on private duty are going to have that rich-man's privilege—a winter vacation. This will see us through the February doldrums, put us in touch with that part of the world which automatically does such things. It will take some of our pocket-money. But some of it we'll save by cutting out the movies we formerly haunted to watch somebody else's man in action.

POLITICS: We learned at campaign time that we could be helpful as well as attractive by lending a hand in city committees. It was perfect, with at least five men to every woman! And from the point of view of community spirit, we did well. We're going to continue to function on local health and welfare committees. It helps the city, *and* us.

Needless to say, *all* of us aren't going to do *all* these things. We still have our jobs, and intend to focus on them. But you can see what our program is going to do for us. Whether or not we end up with a simple band of gold about the finger, we're going to be more interesting than ever. At least we won't have just a winter of bed-slippers and movies to look back on.

Have you changed your address recently?

To be sure there is no interruption in the delivery of your copies of R.N., please return this coupon properly filled out. Address: R.N.—A JOURNAL FOR NURSES, Rutherford, N.J.

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In addition to histamine, Imadyl Unction contains acetyl-glycol-salicylic acid ester, together with methyl salicylate, synthetic menthol, and thymol. Each of these ingredients plays its part in further banishing pain and discomfort. Imadyl Unction may be applied not only for arthritic, neuritic, and rheumatic disorders, but also for quicker relief of pain and disability due to joint or muscle trauma.

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Since Helen first put on her cap
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Keeps dentures pure and clean and sweet.
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Soak 10-15 minutes - Rinse - That's All!

Brushing false teeth is dangerous . . . as well as unpleasant. Polident minimizes danger of hand-infection from unclean plates . . . lessens possibility of scratching, dropping or otherwise damaging expensive dentures.

Cleans, Purifies **— WITHOUT BRUSHING**

POLIDENT *dissolves* away all traces of dingy film and discoloration . . . *soaks* out odors . . . leaves plates looking LIKE NEW. It gets into every tiny crevice where brushing can't reach . . . won't harm dentures . . . is used and recommended by leading dentists everywhere.

WRITE FOR YOUR FREE SAMPLE—TODAY. Send name and address to Hudson Products, Inc., Dept. B1, 220 West 19th St., New York. N Y.

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